



1644

PATENT *Shw*

Attorney Docket No.: UCSD1360-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Albani et al. Art Unit: 1644
Application No.: 10/001,938 Examiner: Ewoldt, G.R.
Filed: October 31, 2001
Title: IMMUNOMODULATORY PEPTIDES DERIVED FROM HEAT SHOCK
PROTEINS AND USES THEREOF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE COMMUNICATION
AND PRELIMINARY AMENDMENT

Sir:

Responsive to the Office Communication mailed December 15, 2003, and further in response to the Communication mailed May 18, 2004, please consider the following amendments and remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 15 of this paper.

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CERTIFICATION UNDER 37 CFR §1.8

I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on this date, **June 9, 2004**, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Lisa E. Jambeau
Lisa E. Jambeau



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ATTORNEY DOCKET NO.: UCSD1360-1

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TRANSMITTAL SHEET

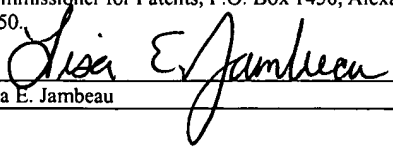
Sir:

Transmitted herewith for the above-identified application please find:

1. Response to the Office Communication mailed May 18, 2004 (16 pages);
2. Check No. 560809 in the amount of \$43.00; and
4. Return Receipt Postcard.

CERTIFICATION UNDER 37 CFR §1.8

I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on **June 9, 2004**, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Lisa E. Jambeau

In the Application of:

Albani et al.

Application No.: 10/001,938

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The Fee for this Amendment is calculated as follows:

For	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims	Large Entity Rate	Small Entity Rate	Calculations
Total Claims	73	73	0	x \$18	x \$09	\$.00
Independent Claims	4	-3	1	x \$86	x \$43	\$43.00
Multiple Dependent Claims	69	70	0	\$290	\$145	\$.00
Basic Filing Fee				\$770	\$385	\$.00
					TOTAL FEE	\$43.00

Enclosed is Check No. 560809 in the total amount of \$43.00 for One (1) additional independent claim. The Commissioner is hereby authorized to charge any additional fees associated with the filings submitted herewith, or credit any overpayment to Deposit Account No. 50-1355. A duplicate copy of this Transmittal is enclosed.

Respectfully submitted,

Date: June 9, 2004



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